

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGEIOWA ETHICS AND
CAMPAIGN DISCLOSURE**COMMITTEE NAME** (Must be same as on Statement of Organization)**SCC 6 cent Instructional Equipment Levy Committee**

2008 OCT 13 PM 2:50

FORM**DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT****IMPORTANT:** Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.


SIGNATURE OF PERSON FILING REPORT

319-753-9188

TELEPHONE

10/13/08

DATE SIGNEDI AM FILING A 10/13/2008 (FINAL) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by #1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

9/9/2008

County & Local Committees, enter County in which Election is held

Des Moines

✓ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ **1879.28**

ADD TOTAL MONEY TAKEN IN THIS PERIOD.....Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) **0.00**Schedule F: Loans Received total (Attach Schedule F) **0.00**Schedule H: Total Sales of Campaign Property (Attach Schedule H) **0.00**(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL**\$ **1879.28****SUBTRACT TOTAL MONEY SPENT THIS PERIOD**Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) **1879.28**Schedule F: Loan Repayments total (Attach Schedule F) **0.00****CASH ON HAND** at the end of this reporting period (if final report balance must be zero)\$ **0.00******UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ **0.00*****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ **17.86******OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ **0.00****CONSULTANT BREAKDOWN** (Schedule G Attached?) **NO****CANDIDATE COMMITTEES ONLY:****VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ _____**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SCC 6 Cent Instructional Equipment Levy Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/10/2008	ID# CK#	Burlington West Burlington Chamber of Commerce 610 N 4th, Suite 200 Burlington, IA 52601	Bulk Postage 276.70 Copies 217.96	\$ 494.66
09/12/2008	ID# CK#	Becky Rump 1862 345th Ave Wever, IA 52658	Envelopes \$68.43 Postcard and Printing \$ 364.58	433.01
10/10/2008	ID# CK#	SCC Foundation 1500 W. Agency Rd. West Burlington, IA 52655	Balance in this fund	951.61
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1879.28

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 SCC 6 Cent Instructional Equipment Levy Committee

SCHEDULE
E
 (Rev. 06/97) IN-KIND
 CONTRIBUTIONS

☐ CHECK THIS BOX IF
 AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/12/2008	Becky Rump 1862 345th Ave. Wever, IA 52658		Clipboards	\$ 17.86	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last
 page of this
 schedule)

\$

17.86

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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 (for Schedule E)